

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) 2009 MAY 11 PM 4:00

Friends of EICCD

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

SIGNATURE OF PERSON FILING REPORT

563-336-3335
TELEPHONE5/11/09
DATE SIGNEDI AM FILING A 5/19/2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

09/08/2009

County & Local Committees, enter County in
which Election is held

SCOTT

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 4341.49

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2100.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 6441.49

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)

6441.49

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of EICCD

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(8), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
04/02/09	ID# CK#	Armstrong, Jeffrey 1025 Orchard Ave Muscatine, IA 52761		\$100.00	<input type="checkbox"/>
04/02/09	ID# CK#	Armstrong, Jeffrey 1025 Orchard Ave Muscatine, IA 52761		\$100.00	<input type="checkbox"/>
04/02/09	ID# CK#	Keir, Patricia 1599 Deerwood Dr. Bettendorf, IA 52722		\$400.00	<input type="checkbox"/>
04/02/09	ID# CK#	Mohr, Gary 4755 School House Rd Bettendorf, IA 52722		\$200.00	<input type="checkbox"/>
04/02/09	ID# CK#	Kapfer, Mark & Rebecca 2915 Sun Valley Ct. Bettendorf, IA 52722		\$200.00	<input type="checkbox"/>
04/02/09	ID# CK#	Vickers, David & Karen 583 Woodland Dr. Clinton, IA 52732		\$200.00	<input type="checkbox"/>
04/06/09	ID# CK#	Dettbarn, Lana 34 Timberline Dr. Bluegrass, IA 52726		\$200.00	<input type="checkbox"/>
04/07/09	ID# CK#	Hall, Carol 3755 Cedarview Ct. Bettendorf, IA 52722		\$200.00	<input type="checkbox"/>
04/08/09	ID# CK#	Coley, Thomas 1761 Cindy Ct. Bettendorf, IA 52722		\$200.00	<input type="checkbox"/>
05/01/09	ID# CK#	Kothenbeutel, Nancy 1730 20th St. Bettendorf, IA 52722		\$200.00	<input type="checkbox"/>

SUB-TOTAL

\$2000.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of EICCD

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/01/09	ID# CK#	Beck, Mark & Kendra 408 N. Jones Maquoketa, IA 52060		\$ 100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 100.00

TOTAL (if last page of this schedule)

\$ 2100.00

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